

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10811345 FILING DATE _____
 APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		1				
7		4				
8	1					
9		1				
10		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	13					
TOTAL CLAIMS	16					

CLAIMS						
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						